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Karen B. Tripp, Attorney 713-658-9410

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FAX

DATE: 2/3/05 Our Ref.: 10/053,182

TO: Examiner John J. Kreck, Art Unit 3673
CO.: USPTO
FAX #: 703 872 9306 PHONE #: _____
FROM: Karen Tripp

RE:

NUMBER OF PAGES: 5 (including coversheet)

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PTO/SB/21 (09-04)

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**TRANSMITTAL
FORM**

(To be used for all correspondence after initial filing.)

Total Number of Pages in This Submission

	Application Number	10/053,162
	Filing Date	January 16, 2002
	First Named Inventor	Mano Shaarpour
	Art Unit	3673
	Examiner Name	KRECK, JOHN J.
4	Attorney Docket Number	HALB:031

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Certificate of Fax Transmittal.
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<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Karen B. Tripp, Attorney at Law		
Signature			
Printed name	Karen B. Tripp		
Date	February 3, 2005	Reg. No.	30,452

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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Karen B. Tripp	Date	February 3, 2005

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PTO/SB/17 (12-04v2)

Approved for use through 07/31/2008. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2005

 Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)
180.00

Complete if Known

Application Number	10/053,182
Filing Date	January 16, 2002
First Named Inventor	Mano Shaarpour
Examiner Name	KRECK, JOHN J.
Art Unit	3673
Attorney Docket No.	HALB:031

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: **50-0807** Deposit Account Name: **Karen B. Tripp, Attorney**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues) **50** **25**Each independent claim over 3 (including Reissues) **200** **100**Multiple dependent claims **360** **180**

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Small Entity	Fee (\$)
- 20 or HP =	x	=		50	25

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	x	=				

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x		

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): **Information Disclosure Statement** **180.00**

SUBMITTED BY

Signature	<i>Karen B. Tripp</i>	Registration No. (Attorney/Agent) 30,452	Telephone 713 658 9323
Name (Print/Type)	Karen B. Tripp		Date February 3, 2005

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CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)

Applicant(s): Mano Shaarpour

Docket No.

HALB:031

Application No.

10/053,182

Filing Date

January 16, 2002

Examiner

KRECK, JOHN J.

Group Art Unit

3673

Invention:

Method and Composition for Preventing or Treating Lost Circulation

I hereby certify that this

Supplemental Information Disclosure Statement

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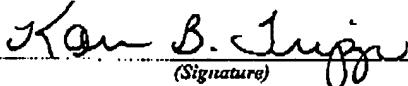
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Karen B. Tripp, Attorney

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Substitute for form 1449/PTO

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(Use as many stations as necessary)

Sheet 1 of 1

<i>Complete If Known</i>	
Application Number	10/053,182
Filing Date	January 16, 2002
Named Inventor	Mano Shaarpour
Serial	3673
Examiner Name	KRECK, JOHN J.
Attorney Docket Number	HALB-031

Examiner Signature		Date Considered	
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EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.¹ Applicant's unique citation designation number (optional).² See Kinds Codes of USPTO Patent Documents at www.uspto.gov or MPEP 801.04.³ Enter Office that issued the document, by the two-letter code (MPO Standard ST.3).⁴ For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document.⁵ Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible.⁶ Applicant is to place a check mark here if English language Translation is attached.

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